PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

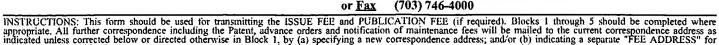
Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450



(703) 746-4000



maintenance fee notification	ns.	in Block 1, by (a) specifying	g a new con	espondence address	, and/or (b) indicating a sepa	THE PEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) For pa				Note: A certificate of mailing can only be used for domestic mailings of the ree(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	590 10/01/2004	YEATHY BILL	h				
ARENT FOX KINTNER PLOTKIN & KAHN, PLLC Suite 600 1050 Connecticut Avenue Washington, DC 20036-5339				Certificate of Mailing or Transmission hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope ddressed to the Mail Stop ISSUE FEE address above, or being facsimile ransmitted to the USPTO (703) 746-4000, on the date indicated below.			
.	**	L			(Depositor's name)		
	EC 0 8 2004				(Signatore)		
			<u> </u>		(Date)		
APPLICATION NO.	FILING DATE	467	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/080,699		zo Arcella	b: 12/10/2004	108910-00053 EABUBAK2 00000008 012	8373 2300 10080699		
700 00 OD							
				01 FC:1504 02 FC:8001	30_00 DA	30.00 OP 1370.00 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUB	LICATION PER	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	- \$1370	\$300		\$1670	01/03/2005	
EXAMINER		ART UNIT	CLA	SS-SUBCLASS			
FORTUN	1723	210-500210			· ·		
CFR 1.363). Change of correspond Address form PTO/SB/I	e address or indication of "Fe dence address (or Change of C 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use	(1) the r	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
AUSIMONT S.p	o.A.	Miland	Milano, ITALY				
Please check the appropriate assignce category or categories (will not be printed on the patent): Individual 🚨 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
lssue Fee							
Publication Fee (No small entity discount permitted) Payment by credit card. Advance Order - # of Copies 10 The Director is hereby					rd. Form PTO-2038 is attached. y suthprized by charge the required fee(s), or credit any overpayment, to		
Advance Order - # of	f Copies 10	Deposit Ac	rector is her ecount Numb	chy authorized by concer 01-2300	harge the required fee(s), or (enclose an extra co	credit any overpayment, to oppy of this form).	
	(from status indicated above)				-		
	MALL ENTITY status. See 3				LL ENTITY status. See 37 CI		
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issue ublication Fee (if required) words of the United States Pater	e Fee and Publication Fee (if a ill not be accepted from anyout and Trademark Office.	any) or to re- ne other that	apply any previously the applicant; a regi	y paid issue fee to the applica stered attorney or agent; or th	tion identified above. e assignee or other party in	
Authorized Signature	Gutter Hahach			Date <u>December 8, 2004</u>			
Typed or printed name		Registration No					
This collection of information application. Confidential	on is required by 37 CFR 1.31 ity is governed by 35 U.S.C.	1. The information is required 122 and 37 CFR 1.14. This c	d to obtain o	r retain a benefit by t stimated to take 12 i	he public which is to file (and minutes to complete, includin	by the USPTO to process) g gathering, preparing, and	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.